

## **CHECKLIST FOR LIABILITY STIPULATIONS**

1. \_\_\_\_\_ Include the name, address and phone number of each party on the front page of the Stipulation. Be sure to include the Subsequent Injury Trust Fund if it is a Party at Interest.
2. \_\_\_\_\_ Include the Claimant's Social Security Number/ICMS Claim Number on the front page of the Stipulation.
3. \_\_\_\_\_ Include the Tax ID number of the Claimant's attorney.
4. \_\_\_\_\_ Include the date(s) of injury on the front page of the Stipulation. Submit a WC-1 for each date of injury that is covered by the Stipulation. The WC-1s should be submitted as part of the supporting documentation.
5. \_\_\_\_\_ If filing electronically, submit one copy of the Stipulation and one copy of the Supporting Documents to the Board. Separate the Stipulation from the Supporting Documents.
6. \_\_\_\_\_ If not filing electronically, submit the original Stipulation and a copy for each party and date of injury. (For example, if there are 5 parties and three dates of injury are being resolved, submit the original and 8 copies of the stipulation.) Do not forget to submit one 9 1/2" x 12 1/2" envelope for each party.
7. \_\_\_\_\_ Double check the math on the 25% attorney fee. Address the attorney fee in the body of the Stipulation.
8. \_\_\_\_\_ Itemize attorney expenses. They should be included in the body of the Stipulation.
9. \_\_\_\_\_ Social Security (Hartman) Language. Do not forget to utilize the Hartman Language in the Stipulation to pro-rate the Workers' Compensation settlement amount over the Claimant's lifetime, thereby reducing the Claimant's Social Security offset. Remember, however, that if the Stipulation contains language that divides the settlement amount into various categories (e.g., income benefits, future medical benefits, administrative costs of managing the claim, etc.) then attorney's fees may only be taken on that portion of the settlement representing income benefits.

10. \_\_\_\_\_ If the settlement includes a Medicare Set Aside, and the parties would like the Set Aside to be included as part of the approved Stipulation, attach the Set Aside documents to the Stipulation.
11. \_\_\_\_\_ The Stipulation should not contain language that has the employee indemnify the employer/insurer for Medicare or other liens.
12. \_\_\_\_\_ If the Stipulation provides for all or part of the settlement to be in the form of an annuity/structured settlement, the Stipulation must contain a provision that the employer/insurer will be liable for the agreement in the event of third party default or failure to pay in compliance with Board Rule 15(d).
13. \_\_\_\_\_ Indicate that all authorized medical has been or will be paid up until the date that the Stipulation is approved by the Board.
14. \_\_\_\_\_ Discuss attorney liens in the body of the Stipulation. If an attorney lien is resolved, submit a letter from the lien holder indicating the terms of the resolution. If the attorney lien is not resolved prior, indicate that the employer/insurer will hold the money in an escrow account until the lien is resolved.
15. \_\_\_\_\_ Discuss child support liens in the body of the Stipulation. If a child support lien is resolved, submit a letter from the Child Support Enforcement agency indicating the terms of the resolution.
16. \_\_\_\_\_ In a liability stipulation, if a WC-206 or WC-244 Party at Interest was filed, submit a letter from the Party at Interest indicating that the dispute has been resolved and/or that the request to become a Party at Interest is withdrawn.
17. \_\_\_\_\_ Do not include ADA or other general release language in the body of the Stipulation. The Board will not approve a settlement containing a general release from any and all claims or purporting to settle matters other than Workers' Compensation benefits.
18. \_\_\_\_\_ Do not forget the Employer pre-signed notification.
19. \_\_\_\_\_ In settlements with minors or incapacitated adults, ensure that guardianship has been established through the Probate Court (or other court of competent jurisdiction) for settlements with a net settlement amount of \$50,000 or greater, or through the Board for settlements with a net settlement amount of under \$50,000.

## **SUPPORTING DOCUMENTS FOR LIABILITY STIPULATIONS**

1. \_\_\_\_\_ Include a WC-1 for each date of injury.
2. \_\_\_\_\_ Submit a copy of the attorney fee contract.
3. \_\_\_\_\_ Submit the most recent medical reports, including the PPD rating.  
**DO NOT SUBMIT THE ENTIRE MEDICAL FILE.**